County of Kauai TRANSPORTATION AGENCY Paratransit (Door-to-Door) Service Application

Check all that apply:		, and the			
Senior	Male				
Agency					
ADA	Senior Center Member	DATI	E:		
NT.					
Name:	Fir			Middle Initial	
Last Birthdoto:	Phone	St		Middle Initial	
Diffuate.	Phone: Day		Night		
Mailing Address:	24)		1115111		
P.O. F		Town	State	Zip-Code	
Residence Address:	eet				
Stre	eet			Town	
Directions to Home					
Emergency Contact:		Relationship:		ne:	
Mobility Status: (Please	check all that apply)				
Walk-on Uses Ca	ne Uses <u>Walker</u>	Uses Crutches	Need to use lift instead of steps		
Manual Wheelchair	Length:Width	ı:	Requires Portable Oxygen		
Motorized Wheelchair	Length:Width	ı:	Requires Portable Oxygen Requires Personal Care Attendant Other: "in width and 800 pounds when occupied.		
3-Wheel Scooter	Length:Width	: <u> </u>	Other:		
Common wheelchair/sco	oter size limits: 53" in length	and 33" in widtl	h and 800 pounds wi	hen occupied.	
	IE FOLLOWING INFORM				
Ethnic Group (Check O					
African American	American Indian/Al	askan Native	Japanese,	Filipino Korean	
Hawaiian/Part Hawaii	ian Hispanic/Latino	Chinese	Vietnamese Ot	her Asian/Pacific Islander	
	White				
					
Household Size (Check	One)				
Live Alone With Spouse With Relatives With Non-relatives Care Home					
Other Choose Not To Declare					
		_			
Personal Income: \$ Per Month Choose Not To Declare					
I hereby authorize the rel	ease of information and photo	s relating to trans	sportation services fo	r statistical purposes.	
, j	r			r r r	
-		-			
Signature		Name of Pers	Name of Person Other Than Applicant Completing Form		
Date		Relationship		Phone	
-		- p			
Return completed form to	: County of Kauai, Transpo	rtation Agency	3220 Hoolako Stre	et. Lihue. HI 96766	